

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 2 1

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-B, Page 9  
Limitations of Attachment 3.1-B, Page 29  
Attachment 3.1-A, Page 11  
Limitations of Attachment 3.1-A, Page 309. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Attachment 3.1-B, page 9  
Limitations of Attachment 3.1-B,  
Page 29  
Attachment 3.1-A, page 11  
Limitations of Attachment 3.1-A,  
Page 30

10. SUBJECT OF AMENDMENT:

To add the option of receiving personal care services in the workplace to  
the same extent they are provided in the home

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor's  
Office does not wish to review  
State Plan Amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Gail Margolis

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

12/9/02

16. RETURN TO:

17. DATE RECEIVED:

12/9/02

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

January 5, 2003

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2003

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

TITLE Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

State: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

           provided   X   not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home or at work.

  X   Provided:   X   State Approved (Not Physician) Service Plan Allowed  
  X   Services Outside the Home Also Allowed

  X   Limitations Described on Attachment

           Not Provided.

TN No. 02-021

Supersedes

04-021

Approval Date JUN 15 2003

Effective Date 11/10/03

# STATE PLAN CHART

Limitations on Attachment 3.1-A  
Page 30

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
25. Personal Care	<p>Personal Care Services authorized by the county worker are based on an assessment of the recipient. Qualified providers shall perform services in the recipient's home or at place of employment. Services may include one or more activities such as assisting with the administration of medications, providing needed assistance or supervision with basic personal hygiene, eating, grooming and toileting. Other incidental services may also be provided as long as they are subordinate to personal care services.</p>	<p>Personal Care Services shall be available to all categorically needy eligibles covered under the state plan and in accordance with state law. Services will be provided to the recipients who have an illness that has been diagnosed to be chronic and/or permanent (lasting at least one year) and who are unable to remain safely at home or are unable to obtain, retain or return to work without this assistance. Personal Care Service hours shall be capped at a maximum of 283 hours per month. Service hours for recipients shall be based on medical necessity as determined by the Statewide Uniform Assessment. Services in support of work are only available to the extent that service hours utilized at work are included in the total personal care service hours authorized for the recipient based on the recipient's need for services in the home. Authorized personal care services utilized by a recipient for work shall be services that are relevant and necessary in supporting and maintaining employment and shall not supplant any reasonable accommodation required of an employer under the Americans with Disabilities Act or other legal entitlements or third-party obligations. Services shall not be available to residents of a facility licensed by the California State Department of Health Services nor to residents of a community care facility or a residential care facility licensed by the California State Department of Social Services Community Care Licensing Division.</p>

\* Prior authorization is not required for emergency services.

\*\* Coverage is limited to medically necessary services.

TN No. 02-021  
Supercedes  
TN No. 98-018

Approval Date JUN 5 2003

Effective Date 11/1/03

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP (S):

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

g. Local Education Agency (LEA) Services

☒ Provided: ☐ No Limitations ☒ With Limitations\*  
☐ Not Provided

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

☐ Provided ☒ Not Provided

25. Personal Care Services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home or at work.

☒ Provided: ☒ State Approved (Not Physician) Service Plan Allowed  
☒ Services Outside the Home Also Allowed  
☒ Limitations Described on Attachment

PJD

☐ Not Provided:

\* Description provided on attachment.

TN No. 02-021

Supersedes

TN No. 96-018

Approval Date JUN 5 2002 Effective Date 11/1/03

# STATE PLAN CHART

Limitations on Attachment 3.1-B  
Page 29

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
26. Personal Care	<p>Personal Care Services authorized by the county worker are based on an assessment of the recipient. Qualified providers shall perform services in the recipient's home or at place of employment. Services may include one or more activities such as assisting with the administration of medications, providing needed assistance or supervision with basic personal hygiene, eating, grooming and toileting. Other incidental services may also be provided as long as they are subordinate to personal care services.</p>	<p>Personal Care Services shall be available to eligible medically needy aged, blind and disabled individuals covered under the state plan and in accordance with state law. Services will be provided to the recipients who have an illness that has been diagnosed to be chronic and/or permanent (lasting at least one year) and who are unable to remain safely at home or are unable to obtain, retain or return to work without this assistance. Personal Care Service hours shall be capped at a maximum of 283 hours per month. Service hours for recipients shall be based on medical necessity as determined by the Statewide Uniform Assessment. Services in support of work are only available to the extent that service hours utilized at work are included in the total personal care service hours authorized for the recipient based on the recipient's need for services in the home. Authorized personal care services utilized by a recipient for work shall be services that are relevant and necessary in supporting and maintaining employment and shall not supplant any reasonable accommodation required of an employer under the Americans with Disabilities Act or other legal entitlements or third-party obligations. Services shall not be available to residents of a facility licensed by the California State Department of Health Services nor to residents of a community care facility or a residential care facility licensed by the California State Department of Social Services Community Care Licensing Division.</p>

\* Prior authorization is not required for emergency services.

\*\* Coverage is limited to medically necessary services.

TN No. 02-021  
Supercedes  
TN No. 94-021

Approval Date JUN 5 2003

Effective Date 1/1/03